



Tri-County Sportsmen's League

8640 Moon Road, Saline, MI 48176



KIDS ON THE RANGE DAY JULY 12, 2025

WITH SUPPORT FROM

THE NRA FOUNDATION

TEACH FREEDOM

Who provided funding for the purchase of youth-size rifles,
which will be used at this event and others.

INFORMATION/COVER SHEET

\$20 Participation Fee through June 30. (\$25 after June 30.)

OPEN TO ALL KIDS 8-18 YEARS OLD.

WHAT TO EXPECT AT KIDS ON THE RANGE DAY:

Children ages 11 and younger will participate on the Archery, Pistol, and Rifle Ranges.

Children ages 12 and older will participate on the Action/Large-Caliber, Trap, and Pin Shoot Ranges.

Each range will provide one-on-one coaching.

**EVERYONE (BOTH SHOOTERS AND NON-SHOOTERS) MUST ATTEND
A SAFETY BRIEFING BEFORE GOING ONTO THE RANGES.**

What you get for \$20: Use of firearms and ammo, ear and eye protection + plenty of water
throughout the day. + pizza, and cookies after each session.

(Fee includes meal for participant + 1 spectator; \$5 for each additional spectator.)

For more information, contact KORD@TCSL.org.

INCLUDED IN THIS PACKET:

This Information/Cover Sheet. Please print and keep for your information.

1. Registration form - one per child, please.
2. Safety Pledge & Medical Information - one per child please
3. TCSL waiver - one per child, please.

All forms can be completed online and signed digitally, and fees can be paid via PayPal.

OR

You can print, complete, and sign the forms, and mail them with a check (payable to TCSL) for the appropriate fee(s) to:

**Val Kabat - 734-355-0708
Tri-County Sportsmen's League
8640 Moon Road, Saline, MI 48176**

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REGISTRATION FORM

(One form per child, please.)

KIDS ON THE RANGE DAY

JULY 12, 2025

\$20 Participation Fee till June 30. (\$25 after June 30.)

Child's name: _____ Child's age: _____

Parent's name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Emergency contact: _____

MUST BE AVAILABLE DURING THE EVENT

Emergency contact telephone: _____

MUST BE AVAILABLE DURING THE EVENT

CHILD'S LEVEL OF EXPERIENCE

- ☐ No experience ☐ Shoots occasionally
☐ Shoots regularly, but on a limited basis ☐ Shoots regularly

SESSION PREFERRED

Due to limited space, we won't be able to accommodate everyone;
but if you have a preference, please indicate it below, and we'll try our best.

- ☐ Morning (9:00-noon) ☐ Afternoon (noon-3:00)

AMOUNT DUE

\$20 participant fee (includes meal for participant + 1 spectator)

+ _____ \$5 x number of additional spectators

= _____ TOTAL AMOUNT DUE*

*If paying by check for more than one child, feel free to write just one check.

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SAFETY PLEDGE

While the main goal of Kids on the Range Day is to provide a safe introduction to the fun of sport shooting, our first priority **MUST** be safety. That's why we hold mandatory safety briefings:

**EVERYONE (BOTH SHOOTERS AND NON-SHOOTERS) MUST PARTICIPATE
IN A SAFETY BRIEFING BEFORE GOING ONTO THE RANGES.**

Please assure us by signing below that you understand the importance of this and will partner with us to make sure no one slips through the cracks.

By signing below, you affirm that you understand that arriving after the Safety Briefing will result in forfeiting your opportunity to enter the range and participate in Kids on the Range Day.

Affirming signature of parent/guardian: _____



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MEDICAL INFORMATION

(One form per child, please.)

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Is there anything our volunteers should know about your child's health, medical history, etc? _____

Is your child taking any medications? If so, please list them here: _____

☐ Child isn't taking any medications.

Is your child allergic to: ☐ Pollen ☐ Insect Stings ☐ Food ☐ Medication ☐ Other _____

If your child has allergies please describe reaction _____

☐ Child doesn't have any allergies.

Does your child have any of the following conditions?

☐ Asthma/Respiratory Condition ☐ Attention Deficit Disorder ☐ Hearing Impaired/Deaf

☐ Diabetes ☐ Unusual Bleeding ☐ Cardiac History ☐ Sun Burns Easily

☐ Seizures - Type & Frequency _____

☐ Other _____

☐ Child doesn't have any conditions.

INSTRUCTIONS: Before you can participate in Kids on the Range Day, 07 12 25 you must read and sign this Waiver. PLEASE READ THIS ENTIRE FORM CAREFULLY BEFORE SIGNING.

The undersigned Participant (and his/her parent or legal guardian if Participant is a minor), in exchange for and as a condition of being allowed to participate in (EVENT), at Tri-County Sportsmen's League (TCSL), agrees as follows:

Assumption of Risk: Participant acknowledges that the Event involves the use of archery, firearms and/or live ammunition and that there are risks associated with, and inherent in, the use of these products, including the possibility of serious bodily injury, permanent disability, and death. Participant voluntarily and knowingly agrees to assume all risks, inherent or otherwise, known and unknown, and however caused, that may arise out of or be in connection with Participant's participation in or presence at the Event.

1. **Waiver & Release of Liability:** To the fullest extent allowed by law, Participant covenants not to sue and agrees to release, waive, and discharge TCSL and the Event's sponsors, hosts, and product suppliers, and each Of their respective directors, officers, employees, volunteers, and authorized representatives (collectively, the "Released Parties"), from any and all injuries, claims, demands, suits, damages, settlements, and liabilities of any kind (including reasonable attorney's fees and legal costs) that Participant may suffer arising out of or in connection with Participant's participation in or presence at the Event, or directly or indirectly caused by the acts (negligence or otherwise) of other participants and/or any of the Released Parties.

2. **Indemnity:** To the fullest extent allowed by law, Participant agrees to defend, indemnify, and hold the Released Parties harmless from and against any and all claims, demands, suits, damages, settlements, and liabilities of any kind (including reasonable attorney's fees and legal costs) made by third parties against the Released Parties arising out of Participant's acts or omissions preparatory to, during, and in connection with the Event.

3. Photos: TCSL has my permission to use my or my child's photograph publically to promote TCSL. I understand that the image may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

~~Participant's signature below indicates that s/he has carefully read, fully understands, and is voluntarily signing this instrument, and agrees to be bound by its terms.~~

Participant _____
 _____ Name-Printed _____ Signature
 Date _____

If participant is under 18 years of age, this form must be signed by a parent or guardian.

Parent/Legal Guardian

As the parent/legal guardian of the Participant, a minor child, I affirm that I have the authority to act on his/her behalf and, as such, do hereby give my consent for the Participant to participate in the Event. I have read and fully understand this Waiver, and that by signing below I agree that all of its provisions are equally binding upon me, my representatives, heirs, assigns, and next of kin, as they are upon the Participant.

Parent/Legal Guardian _____

Name-Printed _____ Signature _____

Date _____

Email _____ Phone _____

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Participant

Name-Printed

Signature

Date _____

Parent/Legal Guardian

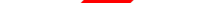
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Parent/Legal Guardian _____

Name-Printed

Signature

Date_____

Email  Home 